



Montgomery County Department of Housing and Community Affairs
 Division of Consumer Affairs * Licensing and Registration Unit
 100 Maryland Avenue, Rockville, Maryland 20850 • 240-777-3636
 FAX 240-777-3699 • TTD 240-777-3639 • hca.montgomerycountymd.gov

Common Ownership Community Registration

Effective January 1, 1991, all condominium, cooperative and homeowner associations MUST register* with the Commission on Common Ownership Communities through Montgomery County Department of Housing and Community Affairs.

REGISTRATION FEE SCHEDULE (Total Payment Due MUST Accompany Registration Application)

Please note that Registration Fees should be paid for each Fiscal Year based on the number of units built and sold by the end of the Fiscal Year. When construction is ongoing, current Fiscal Year Registration Fees should be based upon the best possible estimate.

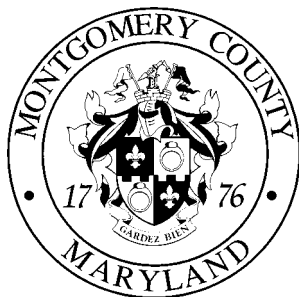
The Registration year is **July 1 through June 30** and **fees cannot be prorated**.

Please calculate the total amount due as follows:

Fiscal Year		Number of Units		Per Unit Fee		Fiscal Year Total Due
1991	1/1/91-6/30/91		X	\$1.00	=	
1992	7/1/91-6/30/92		X	\$2.00	=	
1993	7/1/92-6/30/93		X	\$1.50	=	
1994	7/1/93-6/30/94		X	\$1.50	=	
1995	7/1/94-6/30/95		X	\$1.50	=	
1996	7/1/95-6/30/96		X	\$1.50	=	
1997	7/1/96-6/30/97		X	\$1.50	=	
1998	7/1/97-6/30/98		X	\$1.50	=	
1999	7/1/98-6/30/99		X	\$1.50	=	
2000	7/1/99-6/30/00		X	\$1.50	=	
2001	7/1/00-6/30/01		X	\$1.50	=	
2002	7/1/01-6/30/02		X	\$1.50	=	
2003	7/1/02-6/30/03		X	\$2.25	=	
TOTAL AMOUNT DUE						

Total Payment Due MUST Accompany Application (see attached). Checks should be made payable to Montgomery County, Maryland

*Note: Registration requirements as outlined in Chapter 10B of the Montgomery County Code do not apply to properties within the incorporated Municipalities of Chevy Chase Village, Town of Chevy Chase, City of Gaithersburg, Town of Garrett Park, Town of Kensington, Town of Laytonsville, Town of Poolesville, City of Rockville, Town of Somerset and Town of Washington Grove. You may wish to contact the local municipalities for further information on requirements.



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Common Ownership Community REGISTRATION APPLICATION

- ☐ Please print clearly or type. Answer all applicable questions.
- ☐ Completed application MUST be signed by the board president.
- ☐ Governing documents and complete list of street addresses MUST accompany application.
- ☐ Payment MUST accompany application. Make checks payable to MONTGOMERY COUNTY, MARYLAND
- ☐ Mail completed application with payment to:

Licensing and Registration Unit
DHCA, Division of Consumer Affairs
100 Maryland Avenue, Room 330
Rockville, Maryland 20850

OFFICE USE ONLY

REGISTRATION# _____

Date Recorded _____

By _____

Deposit _____

COMMUNITY INFORMATION

Name of Community Being Registered _____

City _____ State MARYLAND Zip _____

On-Site Phone Number (if applicable) _____

Date Built: _____

Construction Began

Construction Completed

Is the Community Part of an Umbrella Organization?

☐ Yes ☐ No

UMBRELLA INFORMATION (if applicable)

Name Of Umbrella Group (if applicable) _____

Umbrella Mailing Address _____

Daytime Phone _____

Evening Phone _____

City _____

State _____

Zip _____

Fax# _____

Email Address _____

CONTACT INFORMATION

Please provide contact information in the appropriate section.
Changes in contact information **MUST** be reported to the Department within **10 days** of the change.

Governing Body

Board President's Name	Other Board Member's Name
_____ President's Home Street Address	_____ Other Board Member's Home Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____	Daytime Phone _____ Evening Phone _____
Fax# _____ Email Address _____	Fax# _____ Email Address _____

Who should we contact for business purposes, such as annual registration renewal?

☐ Board President as listed. ☐ Administrative Agent as listed below

ADMINISTRATIVE AGENT

Agent's Name	_____ Agent's Street Address
_____ Agent's Company Name (if applicable)	City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____	Fax# _____ Email Address _____

Who is responsible for the day-to-day management of the community?

☐ President as listed. ☐ Administrative Agent listed above. ☐ Other firm or individual listed below.

MANAGING AGENT

Management Representative's Name	_____ Management's Street Address
_____ Management Company Name (if applicable)	City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____	Fax# _____ Email Address _____

BREAKDOWN BY STRUCTURE TYPE (please complete all applicable sections)

**Total Number of Units Within
Community Being Registered**

Complete List of street addresses **MUST** be
provided for all units (including apartment number if
applicable), along with structure type

Total # of **SINGLE FAMILY** Units

Single Family addresses listed below
(attach additional pages as needed)

Total # of **SEMI-DETACHED** Units
(side-by-side or back-to-back duplex units)

Semi-Detached addresses listed below
(attach additional pages as needed)

Total # of **TOWNHOUSE** Units
(no other living units above or below)

Townhouse addresses listed below
(attach additional pages as needed)

Total # of **BACK-TO-BACK** Units
(back-to-back w/ **no** other units above or below)

Back-to-back addresses listed below
(attach additional pages as needed)

Total # of **QUADRAPLEX** Units
(nothing above or below)

Quadrplex addresses listed below
(attach additional pages as needed)

BREAKDOWN BY STRUCTURE TYPE (continued)

Total # of **STACKED PIGGYBACK** Units
(townhomes **with** other units above or below) _____

Stacked Piggyback addresses listed below
(attach additional pages as needed)

Total # of **GARDEN APARTMENTS**
(1-4 stories) _____

Garden Apartment addresses listed below
(attach additional pages as needed)

Total # of **MID-RISE APARTMENTS**
(5-8 stories) _____

Mid-Rise Apt. addresses listed below
(attach additional pages as needed)

Total # of **HIGH-RISE APARTMENTS**
(9+ stories) _____

High-Rise Apt. addresses listed below
(attach additional pages as needed)

BOARD PRESIDENT'S SIGNATURE *(Agent signature not acceptable)*

☐ *I have attached a complete and current copy of the community's recorded governing documents.*

I affirm under penalty of perjury that the information provided is true to the best of my knowledge and belief. I also understand that if there are any changes in information, the community must notify the Department within 10 days of the change.

X _____
Board President's Signature _____ **Date**

Print or Type Name of Person Signing

Has the Board President:

- ☐ Signed the Application?
☐ Attached a complete and current copy of recorded governing documents?
☐ Attached a complete list of units with building street address and unit number?
☐ Made Check Payable to Montgomery County, Maryland?
☐ Enclosed Payment?